

## The Revised Report of Verified Case of Tuberculosis

### What is the Report of Verified Case of Tuberculosis?

The Report of Verified Case of Tuberculosis (RVCT) is the national TB surveillance form. Data are collected by state and local TB programs and submitted electronically to the Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination (DTBE). These data are used to monitor national TB trends, identify priority needs, and create the DTBE Annual Surveillance Report.

### What is the significance of surveillance?

Surveillance is essential to successful TB control. It is a key component of program evaluation and provides a measurement of progress toward TB elimination. State and local surveillance data are essential in providing the epidemiologic profile of TB in a given jurisdiction, as well as on a national level. For example, surveillance data from local and state TB control programs were used to identify the reversal of the declining trend in TB incidence in the United States in the mid-1980's, the peak of resurgence in 1992, and the subsequent 47% decline to an unprecedented low number and rate of TB cases in 2005.

### Why is the RVCT changing?

To control and eventually eliminate TB, state and local TB control programs must be able to monitor trends in TB disease in high risk populations, as well as identify new patterns of disease and possible outbreaks. The last major revision of the RVCT was completed in 1993—over 14 years ago! Modification of the RVCT is needed to accommodate the changing epidemiology of TB in terms of risk factors, new drug treatments, enhanced laboratory capacity for diagnostic tests, and to identify priority needs.

Timely and accurate reporting of suspected and confirmed TB cases, with inclusion of useful case data, is necessary for public health planning and assessment at all levels. The new data elements included in the revised RVCT will assist in this process.

### Who is working on the revision?

Since 2001, a DTBE-sponsored work group consisting of nearly 30 members from 15 TB control programs, DTBE, and the National TB Controllers Association (NTCA) has been working to draft the next RVCT. The goal of the work group is to make variable additions, deletions, and modifications that would improve data collection, yield meaningful and useful data, and would be significant for surveillance.

### What are the proposed enhancements to the RVCT?

The revised RVCT will include risk factors such as diabetes, end-stage renal disease, immunosuppressive therapy, and contact with a drug-resistant case. It will enable collection of data on parental origin for pediatric TB patients, US-Mexico binational TB program participation, primary reason for evaluation of TB disease, whether the patient moved, immigration status, the reason therapy was extended, drug susceptibility testing (newer drugs for susceptibility testing), and outcome of directly observed therapy (DOT). Enhancements will accommodate the multiple changes in technology that have occurred in recent years, such as nucleic acid amplification tests, interferon gamma release assays, computerized tomography, and genotyping. The proposed enhancements will also capture data on TB cases not meeting the current surveillance definition. The RVCT case number will be modified to include the year and jurisdictional code. This will allow each TB case to be allocated a unique number with a "linking state case number" field to record source cases or prior TB episodes.

### **How will the changes affect TB control programs?**

The revised RVCT will assist TB control programs in gathering accurate, useful data. The additions and changes made to the variables of the RVCT will enable programs to capture data that are more inclusive of a variety of risk factors. These additional data will be essential to efficient and effective TB program management.

### **When will the revised RVCT be implemented?**

The revised RVCT will be field tested and submitted for clearance by October 2007. The new RVCT is scheduled to be implemented in January 2009.

### **Additional Information**

CDC. Controlling tuberculosis in the United States: recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America. *MMWR* 2005;54(No. RR-12).  
<http://www.cdc.gov/mmwr/PDF/rr/tr5412.pdf>

CDC. Reported Tuberculosis in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, CDC, September 2006.  
<http://www.cdc.gov/tb/surv/surv2005/PDF/TBSurvFULLReport.pdf>

State TB Control Offices  
<http://www.cdc.gov/tb/pubs/tboffices.htm>